

UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT "C"

APPLICANT: Karola SCHEIDIG

GROUP ART UNIT: 2173

SERIAL NO.: 09/582,543

EXAMINER: Kieu D. Vu

FILING DATE: September 25, 2000

CONFIRMATION NO.: 2932

INVENTION:

"METHOD AND SYSTEM FOR CONTROLLING AN OPERATOR INTERFACE WITH THE DISPLAY FIELDS

CONTAINING GRAPHICS AND TEXT"

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 RECEIVED

JUN 2 0 2003

Technology Center 2100

SIR:

In response to the Office Action dated March 13, 2003, amend the above identified application as follows:

TELEPHONE (312) 258-5500



SCHIFF HARDIN & WAITE

PATENT DEPARTMENT

6600 SEARS TOWER 233 SOUTH WACKER DRIVE

In re application of:

Karola SCHEIDIG

CHICAGO, ILLINOIS 60606

CONFIRMATION NO.: 2932

Serial No.:

09/582,543

GROUP ART UNIT: 2173

Filed:

September 25, 2000

EXAMINER: Kieu D Vu

For:

METHOD AND SYSTEM FOR CONTROLLING AN OPERATOR INTERFACE WITH

THE DISPLAY FIELDS CONTAINING GRAPHICS AND TEXT

AMENDMENT "C"

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 RECEIVED

JUN 2 0 2003

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

Technology Center 2100

The fee has been calculated as shown below.

			CLAIMS AS AMEND	ED	T	- _T
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONA FEE
TOTAL CLAIMS	* 15	MINUS	** 20	X 0	() X 9.00 () X 18.00	\$.00
INDEP. CLAIMS	* 3	MINUS	3	X 1	() X 42.00 () X 84.00	\$.00
	amended to contain dependent claims ly paid for.			(') YES	() \$135.00 () \$270.00 ONE TIME	
			TOTAL ADDITIONAL			\$.0

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

**	If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.
	Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated
	for month so that the period for response is extended to A check in the amount of \$ is
	attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account
	No. 501519. A duplicate copy of this sheet is enclosed.
	A check in the amount of \$ is attached.
	A check for \$ accompanying IDS under 37 CFR 1.97(c) is attached
	A check for \$ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
	The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment

to account No. 501519. A duplicate of this sheet is enclosed. When phoning re this application, please call (312) 258-5500.

BY Web- Chofman	(31,870)
ce is being deposited with the United States Postal Service as	
mmissioner for Patents, P.O. Box 1450, Alexandria, VA 2231	13-1450 on

SCHIFF HARDIN & WAITE (Customer Number: 26574)

I hereby certify that this correspondence Mail in an envelope addressed to: Cor June 13, 2003.

Melvin A. Robinson	
NAME OF APPLICANT'S ATTORNEY	
While B. Ke Finner	
SIGNATURE	
June 13, 2003	
DATE	